

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/980650

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	↓		1			
2		1		1		
3		1		1		
4		3		1		
5		3		1		
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38	1		1			
39		2		1		
40		2		1		
41	1		1			
42				1		
43				1		
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50						
TOTAL IND.	↓		3	↓		↓
TOTAL DEP.		↓	46	↓		↓
TOTAL CLAIMS			49			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.	↓		↓		↓	
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS